Global Determinants of Health and Wellbeing: Poverty and Social Deprivation in an unstable world

University College London, 12th June 2025

Conference Abstracts

Plenary Session

Introduction and Chair Olly Thorp

The direction of travel for the conference has been informed by the Bristol University Press Publications, series on *Social Determinants of Health*. The series has sought to highlight the opportunities that arise through *rationalism*, an important perspective in responding to the wicked issues that exist in our complex world. The most recent volume, published in December 2024 considered the War in Europe, and in particular the displacement of parents and children from Ukraine. We will take time to consider this topic, and the interlinked and interdependent issues of the promotion of health and wellbeing, and climate inequalities throughout our time together.

One dimension of The Salvation Army's ongoing response to the war in Europe, continues at a number of Salvation Army community churches. An example of which is the Salvation Army Church based in the London Borough of Sutton where the team there works in partnership with the local council, and the Volunteer Centre Sutton, collaborating with the Ukrainian community, in implementing the Homes for Ukraine HMG initiative. We are pleased to welcome Svitlana Semaniv, who will talk a little about her work here and in the Ukraine as a psychologist, and what the past 3 years have looked like for her community [see chapter 7 in Social Determinants of Health in Europe: Direct and Indirect Consequences of War; The wicked issues of War-SDH4 University of Bristol Press.

[Note: A number of these abstracts relate to more than one panel discussion}

0.1 Social Determinants of Health: Social Inequality and Wellbeing. Communicating through graphic design [Rationale for the cover design of this BUP publication series] . Mel Gillman, Let's Imagine

0.2 'Social Determinants of Health in Europe, Direct and Indirect Consequences of War': Storytelling in Pictures [Rationale for Figure C2 in Conclusion]. Clair Rossiter

Panel 1: Migration and Displaced People

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1.3 Social determinants of health, intersectionality, and the impact on maternal, and newborn health. Dr Melania Calestani and Dr Lindsay Gillman, Kingston University London

1.4 The Salvation Army Refugee Support Service Scotland. Helen Murdoch and Karen Good, Homelessness Services Department, The Salvation Army United Kingdom and Ireland.

1.5 Homes for Ukraine – Salvation Army and London Borough of Sutton Partnership. Gillian Bonner, Sutton Salvation Army Church

1.6 Who is my neighbour? The nature of collaborative faith relationships for climate justice Dr Rebecca Harrocks, Research and Development, The Salvation Army, Commissioner Christine MacMillan, UN Multifaith Advisory Council

1.7 The impact of hub-based models in the context of the UK Salvation Army's response to refugees. Ben Still, Refugee Response Manager, The Salvation Army United Kingdom and Ireland.

1.8 Migration, Malnutrition, and the Margins of Development—Why We're Failing Displaced Populations Dr. Lucy Kanya – LSE

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2.1 Climate Change: It is affecting our health. Lt April Bathau, Papua New Guinea and Solomon Islands, The Salvation Army; Major Heidie Bradbury, Joanne Beale, International Health/ Development Services, The Salvation Army

2.2 Sand Dams: A Sustainable Solution for Climate Resilience. Violet Ruria, Programme Advisor for Sustainable Livelihoods, and Hayley Still, UK Engagement Coordinator, International Projects Office, The Salvation Army United Kingdom and Ireland.

2.3 How climate change disproportionately impacts women in the Majority World. Violet Ruria, Programme Advisor for Sustainable Livelihoods, International Projects Office, The Salvation Army United Kingdom and Ireland

2.4 IDEAMAPS Data Ecosystem. Professor Qunshan Zhao, University of Glasgow

2.5 Connected Thriving Places. Zoe Metcalf. Atkinsreslise Ltd, UK

2.6 Global Determinants of Health and Climate Justice: Socio-Economic Impacts of the National Action Plan on Vulnerable Communities Dr. Shaghla Parveen[1], Ph.D Geography. New Delhi, India, Prof. Marc Aurel Schnabel[2].
Dean, Design School, Xi'an Jiaotong-Liverpool University

2.7 Mapping Vulnerability: A Comprehensive Climate Change Vulnerability Index (CCVI) for India. Zainab Khan, Post Doctoral Fellow-ICSSR, Aligarh Muslim University, Aligarh, India

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Panel 3: Reducing Harm and Creating Health

3.1 Broken Pieces: Can the principles behind realist evaluation methodology, used to evaluate Salvation Army homeless services support programmes (UKI) be applied to programmes addressing the impact of adverse childhood experiences in families? Major Andrea Still, PhD researcher, University of Leeds

3.2 1000 Voices – The Salvation Army's Homelessness Services (HS) Strategy 2024-34. Amber Sylvester, The Salvation Army UKIT Homelessness Services Department

3.3 NAPPad [Micro flats] Pilot Evaluation. Amber Sylvester, Joyce Shaw, The Salvation Army UKIT Homelessness Services Department and The Salvation Army UKIT Research and Development Department

3.4 Housing First and Harm Reduction. Nicholas Redmore, Nathan Slinn, Amber Sylvester, Cath Docherty and Emma Shaw, Homelessness Services, The Salvation Army United Kingdom and Ireland.

3.5 A Trauma-Informed, Systemic Approach to Supporting Families in The Salvation Army's Homelessness Service Jemma Soro; Lee Ball, The Salvation Army UKIT's Homelessness Services Department; Addiction Department and Children and Youth Department.

3.6 Implementation Evaluation of The Salvation Army, Australia Territory, National Alcohol and Drug Model of Care. Katherine Wright, Manager of Alcohol and Drug Services, The Salvation Army Australia. Professor Peter Miller, Deakin University

3.7 Evaluating the Introduction of a Harm Reduction [Alcohol and other Drugs] Approach to Homelessness Services. Lee Ball, Director of Addictions, The Salvation Army United Kingdom and Ireland.

3.8 The Salvation Army's Practices of Housing First in Europe. Professor Emma Tomalin Amy Quinn-Graham, Major Helen Froud, University of Leeds, The Salvation Army UKIT Homelessness Services Department and The Salvation Army UKIT Research and Development Department

3.9 Hadleigh Farm, Education Training and Environmental Management - Essex, UK. Ciaran Egan, Sarah Withington

3.10 Cut Adrift: Why Two Million Who Want to Work Are Left Without Support and What We Should Do About It. Josh Adcock, Public Affairs Unit, The Salvation Army United Kingdom and Ireland.

3.11 Employment Plus-Data analysis. Mohd Sarim, PhD Scholar, Urban Big Data Centre, School of Social and Political Sciences, University of Glasgow

3.12 Raising awareness on the relationship between mental health and diet quality in adults using Food banks – Preliminary findings from the FEED YOUR BRAIN project. Efstathia Papada[a]*, Anastasia Z. Kalea[a] , Nathan A. Davies[a], Hannah Style[b] , Caroline Monkhouse Flower[b], Sandra Jacome[b] ,[a] Division of Medicine, University College London, London, UK; [b] FEAST With Us, London, UK

3.13 Strawberry Field - Gates Open for Good. Alan Triggs, Lynne Furlong, Major Kathleen Versfield, Strawberry Field, Liverpool, The Salvation Army

3.14 Tech-enabled care in Sutton. Fern Barber London Borough of Sutton, Head of Policy, Insights and Communities

3.15 Towards Global Health Equity: The Health Creation Index as a Tool for Measuring and Enabling Health Creation. Steve Rose MSc, Dr Zoë A Marshall, Dr Marc Harris, Dr William Bird

3.16 Sutton Community Dance: Individual and Community Regeneration. Adam Bonner

3.17 Boxing and fitness programme for vulnerable people in York – *Knives down, gloves up!!*.Andrew Cox, Charlie Marlarkey, Major Andrew Vertigan

3.18 Mindset: Building Resilience in kids and Teens. Tracy Wood, Lee Ball & Phil Ball, The Salvation118 Army United Kingdom and Ireland

3.19 Starfish: Every Child Mentored is a Life Improved. Phil Ball, Children and Young Peoples Department, The Salvation Army United Kingdom and Ireland

3.20 Not Left Behind - Climate Change and Ageing. Andrew Wileman, The Salvation Army United Kingdom and Ireland, Dr Maribeth Swanson, The Salvation Army USA; SA International Older Persons Network

3.21 Social Determinants of Health and Wellbeing of Elderly (Emerging and Present) in Macao SAR, China. Ho, C.K.[1,2], Ip K.P.[3], Cheong I.M.[4], Chan H.F.[41] Faculty of Health Sciences, University of Saint Joseph, Macao SAR, China

3.22 The Mosaic Method: A Connection-Focused Approach for People Living With Dementia Paula Hain, Director of Mosaic Wellbeing, Cambridge, UK

3.23 The Family Tracing Service. Karen Wallace, Family Tracing Service, The Salvation Army United Kingdom and Ireland

3.24 Homelessness and Fuel Poverty. Professor Carolyn Snell, University of York

3.25 Financial Inclusion and Debt Advice. Lorraine Cook, Debt Advice and Financial Inclusion Development Manager, The Salvation Army United Kingdom and Ireland.

3.26 Transforming the Knowledge Empire of Finance towards Compassion Professor Atul K. Shah, City St Georges, London University

3.27 NeuroVerse: Empowering Neurodiverse Voices for Inclusive Environmental Action. Dr Paty Paliokpsta, UCL

ABSTRACTS

0.1'Social Determinants of Health in Europe, Direct and Indirect Consequences of War': Storytelling in Pictures Clair Rossiter

The illustration 'Barbarians at the Gate' by Clair Rossiter can be found in the conclusion of '*Social Determinants of Health in Europe, Direct and Indirect Consequences of War' page* 328. It was created to provide an accessible portrayal of the themes being explored in this book. It offers a visual representation of some of the complex issues being examined around war, hopefully offering a fresh representation of ideas for the viewer to consider and respond to.

The image explores the idea of 'Barbarians at the Gate. 'Barbarian' is derived from the Greek and refers to something 'different from us'. It is a term which plays an important role in understanding the origins and causations of war. The 19th century portrayal of the Huns as barbarians is depicted dramatically in the image to the left, and was a key source of inspiration for the illustration.

Given the Greek roots of 'Barbarian', the illustration above has a stylistic nod to Ancient Greek art and mythology, and incorporates creatures that may commonly be considered barbaric. These include a boar, wolf, raven and snake, and symbolise the threat of 'the other'. A flock of crows has also been woven into the image and is a direct reference to the current invasion of Ukraine. The imagery of crows in battle is often found in Ukrainian song. Crows are seen as a significant symbol of the enemy, so it is especially pertinent that these creatures are included. The dove was introduced into the illustration at the last stage of the creative process as a juxtaposition to the crows and all that they represent. It is a vital focal point which boldly introduces the possibility of peace and hope into the narrative of the image.

Key words: Visualisation, Narration, Barbarians, Ukraine, Illustration

0.2 Social Determinants of Health: Social Inequality and Wellbeing. Communicating through graphic design Mel Gillman, Let's Imagine

Background:

Our DNA* contains approximately 20.000 genes that provide the blueprint for building and functioning the brain, and variations in those genes can influence how individuals react to different situations and environments. The combination of our DNA make-up, and circumstances can lead to, and influence different outcomes for our life and wellbeing. This book (SDH1) examines the key factors which can lead to poor quality of life, homelessness and reduced mortality. It has enabled researchers, front line workers, managers, service commissioners and politicians to identify and employ the most appropriate health, social and economic interventions to support those at the edge of the community.

This book is the first in a series: Social inequality and wellbeing (SDH1), Impact of local authorities (SDH2), Wicked issues of COVID-19 (SDH3), and The impact of war leading to displacement and people (SDH4). The same DNA image has been used on the cover of each of these publications.

**DNA – Double Helix was discovered in 1953 by Watson and Crick, and the lesser-known Wilkins.*

Methodology:
As part of our creative approach, we explored opportunities for portraying a DNA structure in an innovative way as this is a key communication for the cover of the books.
We also wanted to communicate the idea of stepping up, or down a metaphorical staircase – suggesting social influences, or circumstance that may determine one's life and outcome.
The cover image captures the concept simply and cleanly – combining both the idea of a DNA structure and staircase. Each book in the series share the same iconic image but differentiate through colour-coded backgrounds.

Key words: DNA**,** Social determinants**,** Wellbeing**.** Inequality**,** Design

Panel 1: Migration and Displaced People

1.1 Slavery, the environment and climate change; Agricultural plantation Climate Displacement: Forced Labour, and Exploitation in Historical and Contemporary Contexts. Daniel Ogunniyi, Saphia Fleury, Guilia Repetti, and Fred Bricknell, Wilberforce Institute, University of Hull

Evidence sufficiently demonstrates that climate change is forcing individuals into precarious mobility and increasing exposure to exploitative labour and enslavement by differing perpetrators. In many instances, individuals crossing international borders face heightened vulnerability due to limited legal migration options and shrinking opportunities for sustainable livelihoods. Our research aims to challenge the narrow formulations of vulnerability and protection, such as those embedded in the 1951 Refugee Convention, asking whether the definition of 'refugee' can be expanded to include those displaced by environmental catastrophe. By centring lived experiences and historical continuities, the study will demonstrate how environmental pressures have long induced exploitative labour and how current responses can be more victim-oriented to build a just and resilient future.

In many ways, climate change and vulnerability to exploitation are emerging scholarly themes across multiple disciplines, yet environmental degradation and slavery have been intractably tied together for a much longer period. Our research aims to trace the historical and contemporary intersections of environmental vulnerability, forced labour, and displacement, from 19th century Guyana's plantation economy to current forms of climate-induced exploitation. In colonial Guyana, enslaved people and post-emancipation communities navigated a volatile and extractive environment shaped by monocultural sugar plantations. These coerced labourers played a central role in transforming the landscape, resisting exploitation, and contesting a hegemonic political ecology that rearranged both physical and social space to serve the needs of tropical cash crops. Plantation agriculture, rooted in racial capitalism and ecological manipulation, emerged as a key engine of environmental degradation, foreshadowing the ecological and social vulnerabilities experienced today.

By investigating plantation development in historical perspective, we shall demonstrate how coerced labour has long been entangled with environmental stress and exploitation. These patterns persist in the 21st century, where climate-induced phenomena such as droughts, floods, and rising sea levels etc., are displacing populations and intensifying socioeconomic precarity. Drawing on in-depth interviews with individuals with lived experience, as well as practitioners working in migration and anti-trafficking sectors, we shall examine the extent to which climate stress intersects with legal, social, and institutional dynamics to shape conditions of risk and exposure to exploitation along contemporary migration routes, particularly to Italy and the United Kingdom. The paper will map how climate justice and displacement are aspects of each other, and how the past continues to affect the present.

1.2 The Pamoja Project: A Community-Based Intervention to support Mental Health and Wellbeing for Migrants, Refugees and Asylum See Dr Sarah Mairéad Foley**,** Asylum Seeker and Migrant Action (RAMA)**,** African Families in the UK (AFiUK)

The Pamoja Project offers trauma-informed, hyperlocal psychosocial support to individuals and families in the asylum system across three contrasting settings in Essex: Harwich, Clacton, and Colchester. Guided by Papadopoulos (2007), who warns against treating refugees as a homogenous psychological group, the project recognises that the impact of displacement and resettlement is shaped by unique personal, cultural, and contextual factors. Pamoja therefore delivers tailored, hyperlocal interventions, grounded in trust-building, cultural sensitivity, and flexible, relational outreach.

In Harwich, where families are housed in dispersal accommodation and socially isolated, support is delivered through trusted community spaces and mobile outreach linked to services like foodbanks. In Clacton, the focus is on asylum seekers with disabilities housed in Home Office accommodation, offering group and one-to-one psychosocial support to those with significant communication barriers. In Colchester, the project builds on pre-existing community infrastructure, enhancing connection and mutual support.

Baseline discussions reveal critical unmet needs, including lack of access to PTSD assessments, chronic stress and sleep problems (with over one-third likely affected), suicidal ideation (notably among men aged 25–35), and serious diet-related health issues. Participants also face overwhelming anxiety triggered by immigration-related stress, unresolved hate crime incidents, cramped living conditions, and susceptibility to exploitation. These pressures frequently lead to interpersonal conflict, particularly in environments where individuals from over 30 countries are housed in close proximity. Under-reporting of drug and alcohol misuse due to religious and legal concerns is also noted.

A mixed-methods evaluation framework is adopted, combining pre- and post-intervention measures with qualitative insights. Clients who attend over 80% of sessions report improved mental and physical health, with a clear shift towards positive wellbeing. Word cloud analysis highlights key themes, such as emotional health, connection, and self-care, including references to coping strategies like yoga and social engagement. However, the project also encounters limitations. Asylum accommodation is intended to be transitory, and high attrition rates present barriers to sustained intervention. At the time of first interviews, participants had been in IA for an average of 10.4 months - many far longer. During this limbo period, the emergence or worsening of conditions such as Type 2 diabetes, obesity, and depression is common.

In conclusion, while Pamoja demonstrates clear positive impact, its capacity to mitigate systemic harm is constrained. This period of forced waiting remains a critical window in which health and wellbeing can dramatically decline, and where timely, tailored support is essential.

1.3 Social determinants of health, intersectionality, and the impact on maternal, and newborn health

Dr Melania Calestani and Dr Lindsay Gillman, Kingston University London

Background

The risk of dying during childbearing exists to some extent everywhere, however there are some important local variations linked to different contexts and factors. The social determinants of health and intersectionality, in which multiple forms of discrimination overlap, such as racism, sexism, and classism determine the extent of this risk (Crenshaw, 2019).

In middle and high-income countries, a significant difference in maternal mortality is linked to ethnic disparities (Small et al., 2017). In the United Kingdom (UK), in the years 2020-2022, maternal mortality rates were three times higher for Black women, and twice as high for Asian women than for White women. For women living in the most deprived areas of the UK, the risk of dying was twice as high as women living in the least deprived areas (Felker et al., 2024).

Migration, communication challenges and mortality

The risk of dying during childbearing is disproportionally higher for women born outside the UK than for those born within it. Reasons identified for this include a lack of engagement with health and maternity services due to unfamiliarity with the system and limited English language proficiency (MBRRACE-UK, 2024).

Peter and Wheeler (2022) also identified that many Black women experienced racism, racial assumptions, microaggressions and stereotyping and felt that when they had concerns about themselves or their baby, these were not taken seriously.

Improving outcomes through cultural safety

The term 'cultural competence' was defined by Cross et al. (1989) within organisations and Ramsden (2002) developed the concept of 'cultural safety' to address systemic inequity and institutional racism through challenging the power imbalance of healthcare relationships and seeking to redress them. Cultural safety differs from cultural competence as it redirects the focus from the culture of the person receiving care, to the culture of the healthcare provider, and requires practitioners to reflect on their own biases, attitudes, and assumptions.

Responsive, culturally safe maternity care is required to improve maternal and neonatal outcomes. If intersectionality and determinants of health are not recognised and acknowledged, poor outcomes will continue due to further marginalisation, exclusion from decision-making and an erosion of autonomy over personal health and wellbeing (World Health Organisation, 2021).

Key words: Intersectionality, childbearing, mortality, migration, cultural safety

1.4 The Salvation Army Refugee Support Service Scotland Helen Murdoch and Karen Good, The Salvation Army UKIT Homelessness Services Department

Background
The Warm Scots Welcome programme was initiated to support Ukrainian refugees, focusing on meeting their immediate needs. In response to the crisis, the Scottish Government introduced the Ukraine Family Scheme and the Homes for Ukraine Sponsorship Scheme, offering three-year visas to Ukrainian refugees. This initiative marked the first of its kind for The Salvation Army Homelessness Services in Scotland.

How we work
The Salvation Army Refugee Support Service has played a pivotal role in supporting Ukrainian refugees by offering a range of services aimed at integration and well-being. Emphasising community integration, the service fosters a sense of belonging, promotes social inclusion, and enhances individual skills. Although language barriers initially posed challenges, targeted support significantly improved access to essential services, education, and employment. These efforts also helped reduce isolation and loneliness, encouraging meaningful connections and learning opportunities.

Outcomes
Between December 2022 and May 2025, The Salvation Army Refugee Support Service supported 227 displaced individuals. Many refugees expressed intentions to remain in the UK long-term. Tangible outcomes include:
- 144 individuals gaining employment
- 8 employed directly by The Salvation Army
- 7 engaged in volunteering
- 5 entering higher education
- 121 moved into permanent homes

These achievements reflect the programme's success in fostering empowerment, improving quality of life, and supporting trauma recovery.

Conclusions
The Warm Scots Welcome programme has effectively addressed the immediate needs of the Ukrainian refugees sustainable, but a long-term strategy is essential. This includes shifting from crisis response to a model based on prevention, early intervention, and systemic integration. The experience at Barrack Street demonstrates the importance of compassion, partnership, and community in building a future for displaced individuals.

Scottish Government, 2018. New Scots refugee integration strategy 2018 - 2022. Scottish Government. Available at: https://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/ [Accessed 9th October 2023]

Visa holders entering the UK under the Ukraine Humanitarian Schemes - Office for National Statistics 2023. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/visaholdersenteringtheukundertheukrainehumanitarianschemes/27aprilto15may2023 [Accessed 9th October 2023]

1.5 Homes for Ukraine – Salvation Army and London Borough of Sutton Partnership Gillian Bonner, Sutton Salvation Army Church

Sutton Salvation Army (SA) Church and the London Borough of Sutton (LBS) first collaborated to support refugees when they embarked on a Community Sponsorship Project and brought a Syrian family to safety in April 2019. When the full-scale invasion of Ukraine took place in February 2022, LBS contacted Sutton SA Church to ask if it could use this previous experience to support the Ukrainian families arriving in Sutton through the Homes for Ukraine Scheme and through family visas.

Sutton SA Church has been running a drop-in session in its centrally located building every Monday morning for newly arrived Ukrainians and their sponsors/family hosts since 09/05/2022. Initially these sessions offered practical support in the form of clothing, toiletries, supermarket vouchers, local information, school uniforms etc.
Assistance with translation and lived experience was provided by Ukrainian volunteers who had lived in the UK for some time prior to the war, this was crucial and led to partnership with the Volunteer Centre Sutton.

It has been vital to listen to the Ukrainian community to establish their real needs, rather than assuming what they need! It has become increasingly clear that all members of the Ukrainian community here in Sutton, no matter how long they have been away from their country, are struggling with anxiety, stress, fear and grief and the aim is to support all who find the drop-in a place of friendship and support.

LBS funds the provision for two Ukrainian psychologists to lead emotional support and wellbeing sessions. They also arrived in the UK with their families at the time of the full-scale invasion and so are eminently suited to be of help to those they support. Sessions take place at Sutton SA Church each Monday, following the drop-in. The drop-in sessions have become a focal point for many in the Ukrainian community and have allowed friendships and support networks to develop. Informal English conversation classes also take place as part of the session and during school holidays "Movie Mondays" are provided for children, parents and grandparents to enjoy!

LBS Ukraine Response Team provides information-sharing events which take place at Sutton SA Church every 4 – 6 weeks. This "one-stop shop" provision enables a number of statutory and voluntary agencies eg Citizens Advice, Housing, Volunteer Centre Sutton, Women's Centre, Psychologists, NHS, Job Centre, Sutton College etc to come together with translators available. These meetings often begin with speakers addressing key issues for the Ukrainian community before time is given for individual advice and support as needed by the attendees – usually between 40 – 60 people.

LBS, Sutton SA Church, Christ Church and VCS have collaborated to mark significant cultural events such as the Independence Day of Ukraine, the anniversary of the full-scale invasion, St Nicholas Day and musical events featuring the recently formed local Ukrainian choir and gifted soloists. These occasions are hugely important for all concerned and have been the source of strengthening friendships across all ages and developing strong community links.

Funding for all of these projects is provided by LBS Ukraine Response Team but it is supplemented by funding from The Salvation Army in the UK Territory and is only possible due to the huge amount of time and effort given by volunteers.

1.6 Who is my neighbour? The nature of collaborative faith relationships for climate justice Dr Rebecca Harrocks, Research and Development, The Salvation Army, Commissioner Christine MacMillan, UN Multifaith Advisory Council

Religious interventions can play a significant role in working towards climate justice and the concern to care for creation is one that has its theological basis across many faiths. Although such views are rooted in ancient scripture, in recent years they have come to the fore with greater impetus especially ahead of the Paris Agreement that was negotiated in late 2015 and came into force in 2016. Immediately prior to this the Vatican issued *Laudato si'*, the second encyclical of Pope Francis in which he lamented global warming and increasing environmental problems, issues that he closely associated with social troubles especially for those living in poverty. Other churches such as the Church of England and The Salvation Army have made issues around climate justice a priority as well. The Islamic Declaration on Global Climate Change was also published in 2015; this presented the concern for climate change as one necessitated by Islamic principles. These are but a snapshot of the intensifying interest in climate justice that has played an increasingly prominent role in action for climate justice across many religious traditions, especially over the last decade.

‘O Boundless Salvation’ – Effectively addressing need. As a faith movement The Salvation Army in its early days focused on the vulnerable side of society, shaping a conscience which activated its mission focus. How did its language of a “boundless salvation” exercise and address humanitarian need effectively? Drawing on her extensive experience as founding director of The Salvation Army’s International Social Justice Commission (ISJC) and at the tables of the UN Multi-Faith Advisory Council, UNICEF, Religions for Peace, Commission on the Status of Women, Commissioner Christine MacMillan unpacks the question: “Who is my neighbour?”

With a love for neighbour as a moral imperative and an understanding that climate justice is best addressed through both personal and community transformation, the response will be addressed through the principles of including the excluded; challenging cultural practices; confronting the powerful; and advocating for the oppressed. Methodologies of practice will be introduced alongside consideration of the effects of climate change as a contributor to the issues and paradigms of engagement raised, whilst also wrestling with the legitimacy and prevalence of faith as an element of contribution, both challenging and effective. Concluding questions will encounter the complexities and entrenchment found in power dynamics, prejudicial attitudes, polarized societies of exclusion and faith dynamics with a judgmental bias.

1.7 The impact of hub-based models in the context of the UK Salvation Army's response to refugees.
Ben Still, Refugee Response Manager, The Salvation Army United Kingdom and Ireland

The Salvation Army is a church and charity with a long history of responding to social need, with a particular bias to the poor and marginalised. Front line Salvation Army expressions seek to meet the needs of their community, and increasingly this has included growing numbers of people seeking asylum in the UK, relocated and resettled refugees, and people arriving on humanitarian visas. Hub-based models have been one such response. Following the full-scale invasion of Ukraine by Russia in February 2022, the numbers of this type of response increased significantly due to the arrival of large numbers of Ukrainians into the UK through the governments Ukraine Schemes. In this chapter we will explore such approaches through the activates undertaken by The Salvation Army UKI Territory with the aim to better understand the impact of these responses on people seeking sanctuary in the UK and their host communities.

1.8 Migration, Malnutrition, and the Margins of Development—Why We’re Failing Displaced Populations Dr. Lucy Kanya – LSE

In an era where global commitments rally around the Sustainable Development Goals and the promise to “leave no one behind,” displaced populations—particularly in Sub-Saharan Africa—remain the most consistently and structurally left behind. Food insecurity is not only a driver of migration and displacement, it is a devastating consequence of it. And among all the unmet needs of forcibly displaced communities, nutrition is perhaps the most invisible.

While the humanitarian community has made great strides in emergency response, we continue to treat nutrition as the orphan of development policy—underfunded, underprioritized, and unintegrated into migration, displacement, and even health interventions. But for women, children, and adolescent girls in displacement settings, nutrition is not a side issue. It is survival.

Across Sub-Saharan Africa, the convergence of conflict, climate change, and political instability has displaced millions. In the Democratic Republic of Congo (DRC), over 6 million people are internally displaced, with child malnutrition levels consistently above WHO emergency thresholds. In Somalia and across the Horn of Africa, recurrent droughts have devastated pastoral livelihoods, forcing mass migration and heightening acute food insecurity. Northeast Nigeria and parts of Kenya also remain humanitarian hotspots with persistent hunger and population displacement.

These displaced populations face severe food shortages, rising costs, and the collapse of traditional coping mechanisms. The lack of dietary diversity—an issue largely ignored in emergency responses—

means that even where calories are provided, micronutrient deficiencies persist, driving up maternal mortality and child stunting.

Displaced women and adolescent girls face a unique burden. Often the last to eat and the first to sacrifice, they are doubly disadvantaged—by their displacement and by gender norms that deprioritize their health and nutrition. Pregnant and lactating women rarely receive the iron, folate, and other micronutrients they need, increasing the risk of low birth weight, preterm birth, and maternal death.

Adolescent girls in refugee camps or conflict zones are frequently subjected to early marriage, poor sanitation, and cultural taboos that restrict food intake during menstruation or pregnancy. These cumulative vulnerabilities set in motion a cycle of poor health outcomes that is tragically passed from one generation to the next.

For those who migrate voluntarily or are resettled, food insecurity takes a different form. Migrants often struggle with cultural dislocation—adapting to unfamiliar or inappropriate foods in host countries. Traditional diets, rich in indigenous grains, pulses, and vegetables, are often replaced by ultra-processed, nutrient-poor alternatives. This transition is rarely smooth and often harmful.

It typically takes an entire generation for migrants to establish food security in new environments, and during this adjustment, pregnant women and young children bear the greatest burden. Nutritional vulnerability becomes a transgenerational legacy, feeding into broader patterns of chronic poverty, educational disadvantage, and poor health outcomes.

We must confront a hard truth: nutrition is not just a health issue—it is a rights issue. And yet, the right to adequate nutrition is still not fully recognized or operationalized for displaced communities.

If we are serious about leaving no one behind, we must:
1. Integrate nutrition into displacement and migration policy frameworks, making it a core pillar of humanitarian and development programming.
2. Tailor food assistance to cultural and dietary needs.
3. Invest in gender-sensitive nutrition interventions—especially for adolescent girls.
4. Improve data systems, disaggregated by displacement status, gender, and age, to ensure that the nutritional needs of the most vulnerable are visible and acted upon.

Migration, displacement, and food insecurity are no longer separate domains. They are tightly interwoven—and without bold, inclusive nutrition action, we risk cementing generational cycles of vulnerability. Nutrition must not be the forgotten casualty of displacement. It must be the starting point of any strategy to build resilience, equity, and lasting well-being in unstable times.

The “unstable world” we speak of at this conference is not just marked by climate shocks or conflict zones—it is also marked by a moral instability, where some lives and bodies are deemed less worthy of nourishment. That must change.

Because to feed the future, we must start by feeding the most forgotten.

Panel 2 : Climate Inequalities

2.1 Climate Change: It is affecting our health. Lt April Bathau, Papua New Guinea and Solomon Islands, The Salvation Army; Major Heidie Bradbury, Joanne Beale, International Health/ Development Services, The Salvation Army

Climate change is impacting our individual health and community well-being. Climate change leads to death and illness from increasingly frequent extreme weather events, such as heatwaves, storms, floods, the increases in food-, water- and vector-borne diseases, and mental health issues. According to the World Bank a warmer climate could lead to at least 21 million additional deaths by this year, from just 5 health risks: extreme heat, stunting, diarrhoea, malaria and dengue[1].

Warmer conditions, pollution and increased forest fires are impacting our ability to breathe.

Temperature changes increase the spread of vector-borne diseases like malaria, zika virus and dengue fever. By 2050 an additional 500 million people will be at risk of exposure to vector borne diseases[2]. In addition, climate crisis will lead to a lack of safe drinking water, an increase in foodborne illness and malnutrition, with 90% of diseases affecting children under the age of five[3,4]. These are not just statistics, these are real children, real people whose lives are cut short by the effects of climate change.

Mental health is also being impacted from extreme events (like hurricanes and landslides) and from gradual changes (like droughts and sea-level rise). The fear, anxiety and stress from extreme events and displacement can lead to harmful coping mechanisms and psychological conditions.

Alarmingly, health care systems that are meant to deal with this health crisis is predicted to face an additional 1.1 trillion-dollar burden due to climate induced impact over the next decade[2]. Areas with weak health infrastructure will be the least able to cope without assistance to prepare and respond. While health infrastructures crumble climate change will increase global health inequalities. The most vulnerable populations including women, children, elderly, lower income groups, and hard to reach communities will be most affected by climate related health consequences.

Individual and global action is required to avoid reversing progress made in development, global health and poverty reduction. The Salvation Army (TSA) globally is responding to some of these issues by actively promoting care for creation, building community resilience and community-based interventions that prepares communities for climate change and its effects.

2.2 Sand Dams: A Sustainable Solution for Climate Resilience. Violet Ruria - Programme Advisor for Sustainable Livelihoods, International Projects Office, The Salvation Army United Kingdom and Ireland. Hayley Still - UK Engagement Coordinator, International Projects Office, The Salvation Army United Kingdom and Ireland.

Introduction
Climate change is a significant threat to global sustainable development, impacting water access, food security, health and economic activities. Water scarcity, poor water quality, drought and inadequate sanitation negatively impact food security, livelihood and educational opportunities for millions of people worldwide.

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[1] World Bank (2023). *New Program to Protect Millions from Rising Climate-Related Deaths and Illness.* Press release 2024/034/HD. https://www.worldbank.org/en/news/press-release/2023/12/03/health-program-protect-millions-from-climate-related-deaths-illness [accessed 01/05/25].
[2] World Economic Forum (2024). *Quantifying the Impact of Climate Change on Human Health.* p4. URL: https://www3.weforum.org/docs/WEF_Quantifying_the_Impact_of_Climate_Change_on_Human_Health_2024.pdf [accessed 01/05/25].
[3] World Health Organization (2023). *Climate Change*. https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health [accessed 01/05/25].
[4] Save the Children. *The Climate Crisis.* https://www.savethechildren.org/us/what-we-do/emergency-response/climate-change [accessed 01/05/25].

In response, The Salvation Army Kenya East Territory, in partnership with Utooni Development Organization (UDO) and local communities, is working to sustainably improve water access, food production, income, and health using locally available resources.

Makueni County, a hot and dry semi-arid region in eastern Kenya, experiences temperatures up to 35°C. The past decade has seen insufficient rainfall, crop failure, permanent rivers becoming seasonal, and once-reliable boreholes drying up. As a result, communities have faced food insecurity and women and girls are forced to walk up to seven kilometres to collect water.

A community needs analysis identified water scarcity as a major barrier to development. Drawing from past projects, a sand dam was chosen as the most cost-effective solution. A sand dam is a stone masonry structure built across a seasonal riverbed that traps rainwater and sand. The collected sand filters the water and minimises evaporation, providing a year-round source of clean water for nearby communities.

In addition to providing sustainable clean water, the project aimed to enhance food security by increasing nutrition and income. It also strengthened community resilience through diversified income sources, as well as the conservation of rivers, soil and the surrounding environment.

Methodology
Through participatory planning, the community played a key role in shaping the project contributing to its analysis, design, and implementation to ensure it met local needs and remained sustainable beyond the funding period. Gender equity and environmental sustainability were embedded throughout to ensure holistic impact. Project impact was assessed through community surveys and monitoring visits.

Results
Over 2,000 people directly benefited from improved access to clean water. Agricultural yields increased due to enhanced irrigation and training in conservation agriculture. Gender inclusion was strengthened, and environmental sustainability measures ensured minimal ecological disruption. The project delivered lasting improvements in food and water security for the community.

Conclusions
The Nduumoni Sand Dam and Food Security Project improved water accessibility and strengthened agricultural resilience in Makueni County. By constructing a sand dam, the project reduced the burden of water collection, enhanced agricultural productivity, diversified income sources, and strengthened community resilience. The project's emphasis on gender equity and environmental sustainability has ensured long-term benefits whilst fostering community ownership. This project has demonstrated the effectiveness of community-led practice in achieving sustainable livelihoods and environmental conservation.

Key words: clean water; food security; community, sustainability

2.3 How climate change disproportionately impacts women in the Majority World. Violet Ruria, Programme Advisor for Sustainable Livelihoods, International Projects Office, The Salvation Army United Kingdom and Ireland

Background
Climate change is a major global threat, with unevenly distributed impacts. Women in the Majority World are particularly vulnerable due to entrenched social, economic, and political inequalities that climate-related disruptions exacerbate (Alston, 2013).

Method
This analysis draws on academic literature, agency reports, and case studies to examine gendered impacts of climate change in five areas: disaster response, food and water security, health, education, and economic resilience.

Data

Evidence shows that women face higher mortality and injury rates during climate-induced disasters such as floods, cyclones, and droughts. This is due to restricted mobility, caregiving roles, and limited access to early warning systems (Neumayer and Plümper, 2007; Alston, 2013). In the 2004 Indian Ocean tsunami, cultural norms that hindered women's mobility and swimming ability contributed to their higher death toll (Oxfam, 2005).

Climate change also worsens food insecurity and water scarcity, disproportionately affecting women, especially in rain-dependent farming regions. As primary caregivers and food producers, women face increased burdens due to reduced agricultural yields, while often lacking access to land rights, credit, and climate-resilient technologies (FAO, 2021; Nelson et al., 2002; Skinner, 2011). Water scarcity further limits time for education and income-generating activities, particularly for women and girls (UN Women, 2022).

Health risks are compounded for women in climate-impacted regions. Pregnant and lactating women are especially vulnerable to malnutrition, waterborne diseases, and heat stress (WHO, 2021). Their caregiving responsibilities increase exposure to diseases like malaria and dengue, and limited rural healthcare services exacerbate these challenges (Le Masson et al., 2019).

Socioeconomic exclusion further limits women's capacity to adapt, with reduced access to financial resources, education, and secure employment (Arora-Jonsson, 2011). Climate-induced displacement also heightens risks of gender-based violence and exploitation, particularly in refugee contexts (UNDP, 2020). Educational disparities increase women's vulnerability; girls are more likely to drop out of school during crises, reducing their ability to engage in climate adaptation initiatives (Dankelman, 2010). Nevertheless, women's education and leadership significantly enhance community resilience (Nelson et al., 2002).

Summary
Despite these challenges, women are crucial agents of climate resilience. Women-led cooperatives and savings groups contribute to sustainable farming, reforestation, and water management (UNDP, 2020). Gender-responsive climate policies that empower women and improve access to land, finance, technology, and education are essential for equitable adaptation and sustainable development (FAO, 2021).

Conclusion
The study underscores the need for a transformative, gender-inclusive approach to climate policy that addresses systemic inequality and promotes resilience for all.

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2.4 IDEAMAPS Data Ecosystem. Professor Qunshan Zhao, University of Glasgow

Artificial Intelligence (AI) and Earth Observation technologies offer powerful tools for advancing urban science, yet they risk reinforcing social and epistemic injustices when deprived urban areas, such as slums and informal settlements, are misrepresented in data. In response, this study introduces the IDEAMAPS Data Ecosystem: a transdisciplinary framework that integrates computational analytics with participatory methods to co-create justice-oriented urban data. Designed to centre the knowledge and needs of disadvantaged communities, our framework combines collaborative processes and digital tools that connect residents, local authorities, data scientists, and global experts. Applications in Kenya and Nigeria demonstrate how this approach can generate high-resolution, locally validated data to improve urban models and inform more equitable policy decisions. This work contributes a scalable, replicable approach for embedding data justice into urban analytics, offering new pathways toward inclusive and transformative urban futures.

2.5 Connected Thriving Places Zoe Metcalf. Atkinsreslise Ltd, UK

Climate change poses a serious challenge to poverty reduction efforts since its impacts disproportionately affect vulnerable populations such as low-income or remote communities, women, the elderly, persons with disabilities, or persons with chronic illnesses. We will share how understanding and articulating this link, allowed us to plan and design inclusive climate resilient solutions. The interventions aimed at ensuring that adaptation strategies do not act to reinforce or deepen existing inequalities, and that are accessible to groups that are already marginalized within their communities.

We will draw on work from the region of Bangladesh to the City of Bristol on different approaches and models to inform better decision making and priorities to enable ‘Living Well’.
The cost of repair, maintain to sustain existing infrastructure, is unaffordable based on current models, where materials and skills are scarce.

We will touch on the role of nature, at a landscape scale, in supporting the asset life, resilience and safety of enabling infrastructure. As highways, rail, canals and rivers are arteries connecting communities enabling places to thrive. Sharing some live demonstrators in the UK, and how this has informed an international ecosystem service framework for the Union of International railways.

Failing to transition to net zero, reducing both embodied carbon and emissions, both a major risk and a significant opportunity. Sharing the shift in models toward dynamic adaptation to enable resilience. Engineering with nature, from streetscape to region.

Integrating a golden thread of health and wellness creation into buildings, place and regions. Reality or fiction?
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C 6 Global Determinants of Health and Climate Justice: Socio-Economic Impacts of the National Action Plan on Vulnerable Communities Dr. Shaghla Parveen[1] , Ph.D Geography. New Delhi, India, Prof. Marc Aurel Schnabel[2]. Dean, Design School, Xi'an Jiaotong-Liverpool University

This chapter explores the intersection of global health determinants and climate justice, focusing socio-economic impacts of India's National Action Plan on Climate Change (NAPCC) on vulnerable communities, particularly indigenous populations and coal miners. It underscores the imperative of integrating equity and justice into climate policies to ensure inclusive development. India faces significant climate challenges, including intensified monsoons, rising sea levels, and increased frequency of extreme weather events, as highlighted in its National Communications (NATCOM) reports. These changes disproportionately affect marginalized groups, exacerbating existing vulnerabilities. The NAPCC and State Action Plans on Climate Change (SAPCCs) aim to address these issues through missions like 'Mission Life' and the Green Credit Initiative, aligning with global commitments such as the Paris Agreement and COP summits.

The transition from a coal-based economy to renewable energy presents both opportunities and challenges. Coal-dependent regions in India like Jharkhand, Odisha, and Chhattisgarh face socio-economic disruptions, including job losses and health issues. Gender, caste, and economic disparities further compound these challenges. Health emerges as a critical dimension of climate justice. Marginalized groups, including women, children, and indigenous communities, face heightened health risks due to climate change, such as respiratory ailments and vector-borne diseases. Therefore, strategies for a just transition include re-skilling programs, alternative livelihoods, and strengthening social infrastructure. Disparities in healthcare access and the burden of climate-related health risks necessitate frameworks addressing social determinants of health.

The chapter examines case studies of climate injustice from South Asia, including India, Pakistan, Malaysia, and the Philippines, and highlights the importance of participatory governance, gender-sensitive approaches, and investment in health infrastructure. Long-term planning for alternative livelihoods and re-skilling is essential for socio-economic transformation. Aligning national strategies with global commitments ensures that vulnerable communities are not left behind.

Policy recommendations emphasize equitable access to resources, strengthening social safety nets, community-led development models, sustainable land use, and empowering women leaders. Investing in climate-resilient health services and clean energy access can reduce health inequities. Monitoring and accountability frameworks are crucial for assessing the impact of policies and achieving climate justice goals. In conclusion, addressing the socio-economic impacts of climate change on vulnerable communities requires an integrated approach that combines climate action with social equity, health considerations, and inclusive governance.

2.7 Mapping Vulnerability: A Comprehensive Climate Change Vulnerability Index (CCVI) for India. Zainab Khan, Post Doctoral Fellow-ICSSR, Aligarh Muslim University, Aligarh, India

Climate change is an imminent threat that impacts ecosystems, human health, and economies, particularly in vulnerable regions like India. Developing a comprehensive Climate Change Vulnerability Index (CCVI) is crucial for identifying areas at greatest risk and guiding effective adaptation and mitigation strategies. This chapter presents a detailed methodology for constructing a CCVI for India, integrating various climatic, environmental, and socio-economic indicators into a single composite index.

Objectives

The primary objectives of this chapter are:

1. To assess the vulnerability of different regions in India to climate change.
2. To integrate multiple indicators of exposure, sensitivity, and adaptive capacity into a single composite index.

3. To develop spatial maps showing the CCVI across India for effective policy-making and resource allocation.

Methodology

Data Preprocessing
Ensure all raster layers have the same spatial resolution and coordinate system. Normalize each raster layer to a common scale (e.g., 0 to 1) using min-max normalization.

Expected Outcomes
- A comprehensive CCVI map for India highlighting regions most vulnerable to climate change.
- Detailed reports and visualizations for policymakers to prioritize adaptation and mitigation efforts.
- Enhanced understanding of the spatial distribution of climate vulnerability in India.

Conclusion
Developing a Climate Change Vulnerability Index (CCVI) for India will provide critical insights into the regions most at risk, enabling targeted interventions and resource allocation to enhance resilience against climate change impacts.

2.8 Climate Justice: The Impact of Climate Change on the most vulnerable. Cristina Patriarca, Anti-Slavery International, Amanda Brummell Lennestaal, The Salvation Army Australia and Tribeni Gurung, The Salvation Army United Kingdom and Ireland.

Realising climate justice is finding equitable solutions to the climate breakdown, reducing emissions, protecting the natural world, and creating a more equal world for everyone.[4] Communities across the world experience the effects of the climate crisis differently. For example, people who lack access to resources to survive, who have diverse characteristics, and face forms of systemic oppressions and injustice are more likely to experience the impact of climate change at a greater level. Women and girls are particularly likely to be vulnerable to it as climate change exacerbates their experiences of sexual and gender-based violence, exploitation, low levels of decision-making, gender discrimination and poverty[5]. As a result of slow and rapid onset events, people are losing access to their livelihoods and resources. The lack of resilience to external shocks due to systemic inequalities and absence of adequate support mechanisms, can push individuals and families to resort to risky means of survival[6]. For instance, children may be placed in hands of traffickers, in exchange for money; daughters may be forced to marry early, so their family can survive from the dowry; people may end up trusting deceitful promises of unscrupulous employers and recruiters, in the hope for better income opportunities elsewhere. Yet impacts of and decisions from climate change events are context specific. Community-led solutions are therefore crucial to realise climate justice. This paper explores how climate change impacts different genders, in particular women and girls, and how disadvantaged and marginalised people are subjected to various harmful practices, including forced labour and human trafficking. It unpacks the importance of addressing systemic issues and the root causes that are enabling climate change injustice to persist, recommending ways to address these. Using case studies and examples from a global context, it further shares preliminary evidence of methods and approaches on how organisations are responding to the issue.

Key words: Climate Justice, Forced Labour, Human Trafficking, Women and Girls, Gender

[4] Friends of the Earth https://groups.friendsoftheearth.uk/resources/whats-climate-justice#:~:text=Climate%20justice%20means%20finding%20solutions,equal%20world%20in%20the%20process
[5] UNFCC 2022 Dimensions and examples of the gender-differentiated impacts of climate change, the role of women as agents of change and opportunities for women. Synthesis report by the secretariat
[6] Addressing vulnerability to modern slavery in a growing tide of migration, Justice &Care (2023)

Panel 3: Reducing Harm and Creating Health

3.1 Broken Pieces: Can the principles behind realist evaluation methodology, used to evaluate Salvation Army homeless services support programmes (UKI) be applied to programmes addressing the impact of adverse childhood experiences in families Major Andrea Still, PhD researcher, University of Leeds

The Salvation Army (TSA) has a long-established history of supporting those experiencing homelessness and addiction, underpinned by quality research (Bonner, *Seeds of Exclusion*, 2009). More recently, Jean Hannah (in Bonner, *Social Determinants of Health*, 2018) has highlighted how the effects of deep exclusion resulting from Adverse Childhood Experience (ACE) demonstrate complex personal contexts, and how realist evaluation methodology can help identify and evidence what it is about support programmes that offer benefit.
I will address the question, is the learning from Hannah's research method and findings transferrable to supporting families with ACE in their past or present experience who attend TSA family programmes? Using a TSA project embedded within a church community in Kent, specifically addressing families with ACE, predominantly from a Ukrainian refugee context, as a comparative study, I will focus on the relationship between a focused statutory service and its wider faith community. Drawing on sources seeking to understand the impact of ACE on parenting, and social welfare in a family ministry context (Holmes, 2017, 2023, Buckingham, 2028) I will evaluate to what extent Hannah's conclusion, that a collaboration between TSA support programmes and a local TSA faith community is able to increase 'resistance resources (and) facilitate successful coping when exposed to life's stressors' (Hannah p. 171) is relevant in a family ministry context.

Key words: Adverse Childhood Experience, faith community

3.2 1000 Voices – The Salvation Army's Homelessness Services (HS) Strategy 2024-34 Nicholas Redmore, Nathan Slinn Amber Sylvester, Homelessness Services Department, The Salvation Army United Kingdom and Ireland

Background: 1000 Voices – A Discerned 10 Year Approach to the Future of Homelessness Services in the Salvation Army UKIT[i] outlines a comprehensive approach to addressing homelessness within The Salvation Army UKIT. The plan was formulated through an intentional and prayerful discernment process involving over '1,000 voices'. It emphasises the need for significant capital investment to sustain accommodation-based operations over the next 10-25 years.

Method: The methodology included engagement with key stakeholders. Workshops with Senior Management and Regional Teams focused on current service provision, specialisms, future operating models, PESTLE analysis, SOAR analysis, and surveys. The plan also incorporates feedback from Service Users and Staff through surveys, resulting in over 1,000 voices contributing to the strategy.

Data Summary: The findings from the SOAR analysis, Service User and Staff surveys, and stakeholder interviews informed the Strategy. The strategy proposes a shift towards smaller accommodation services, increased non-accommodation-based models, and a focus on prevention and rapid rehousing. The investment principles emphasise the need for self-contained, flexible, and adaptable units. The plan also outlines the financial model, protecting asset values, and environmental sustainability standards.

Conclusion: The Homelessness Services Strategy 2024-34 aims to rebalance and de-risk the current operational models, prioritise non-accommodation-based services, and secure additional units for rough sleepers. The strategy emphasises the importance of chaplaincy, integrated mission, and developing strategic partnerships. The proposed investment in properties and services will ensure that services are fit for purpose, sustainable, able to meet the needs of Service Users as well as aiming to minimise liability while creating asset value. The strategy also highlights the need for a collaborative communications strategy to amplify The Salvation Army's voice on homelessness social justice issues. The primary purpose of all new business will be to ensure Salvation Army Mission effectiveness through a discerned approach. The strategy includes rebalancing and diversifying operational models, with an increase in

integrated mission, prevention, and non-accommodation-based models. A new approach to fundraising and income generation will be developed to drive a change in income mix.

Additionally, the strategy emphasises developing new and existing strategic collaborative partnerships to better meet Homelessness Services mission aims. Creative solutions to ending rough sleeping will be developed, along with a consistent Rough Sleeping offer. Finally, all service provision will be developed through a harm reduction and trauma-informed lens.

3.3 NAPPad [Micro flats] Pilot Evaluation Amber Sylvester, Joyce Shaw, Homelessness Services Department and Research and Development Department, The Salvation Army United Kingdom and Ireland

Background:
The NAPPad Pilot project is a collaborative initiative between The Salvation Army and specialist manufacturer Protectal, aimed at providing a safe and dignified alternative to traditional homelessness services. The NAPPad consists of four Covid-secure 'micro-flats' equipped with their own secure front door, bed, handbasin, and toilet. These units offer privacy, safety, and a sense of independence to individuals who might otherwise be sleeping rough. The previous UK government had pledged to end rough sleeping in England[ii] by the end of the previous parliamentary term. Despite measures introduced during the pandemic achieving a significant drop in rough sleeping, the issue remained prevalent. The NAPPad project aligned with the government's rough sleeper strategies by providing an innovative solution to address homelessness.
Piloted in partnership with the City of York Council, the NAPPad project was operated by the York Early Intervention and Prevention service, a community-based Salvation Army advice and support service .

Method: The pilot evaluation[iii], conducted over a six-month period from December 2021 to June 2022, involved 28 residents. The evaluation utilised mixed methods, including quantitative data from interviews with NAPPad residents, York EIP staff, and stakeholders.

Data Summary: The main findings of the evaluation revealed that over three-quarters of NAPPad residents moved on to other accommodation, with 22 out of 24 residents transitioning to more suitable housing. The NAPPad provided additional accommodation capacity and flexibility to the York EIP, enabling them to accommodate a wider range of client groups, including working individuals and those with no recourse to public funds. The NAPPad also served as an alternative to hostel and B&B accommodation for individuals who could not or would not access traditional homelessness services.

Conclusion: Residents appreciated the sense of independence and ownership the NAPPad provided, with many valuing the flexibility, safety, and quietness of the units. The NAPPad's design, which includes non-invasive ‘vytal signs’ sensors to monitor residents' well-being, further contributed to the sense of security. The evaluation also highlighted the need for dedicated staffing to enhance engagement and support for residents.
Overall, the NAPPad project successfully demonstrated a novel approach to addressing homelessness, offering a compassionate and flexible solution that meets the needs of individuals who struggle with traditional accommodation options. The project's success was attributed to the strong partnership between The Salvation Army, the City of York Council, and Protectal, as well as the commitment and determination of all involved parties.

3.4 Housing First and Harm Reduction Cath Docherty and Emma Shaw. The Salvation Army UKIT Homelessness Services
Background: The Salvation Army provides four Housing First programmes across Scotland and Wales, supporting over 170 individuals to live independently. Housing First is a recovery-oriented approach to ending homelessness, focusing on moving people experiencing homelessness into independent and permanent housing. The programme predominantly works with men and women who have experienced extensive periods of instability and rough sleeping, and who have multiple support needs and have experienced systemic failings and personal trauma.

Method: The principles of Housing First are grounded in harm reduction. Housing First meets individuals where they are, removing systematic barriers and agency-driven goals around abstinence and reduction of substance use. It acknowledges an individual's substance use as part of the complex nature of that person and helps them make safer choices around their substance use by nurturing trusted and reparative relationships. Over time, it supports individuals to develop their confidence and autonomy. The Salvation Army's Harm Reduction Strategy for 2025-2030 outlines the intended wider approach to build on these harm reduction foundations. Work has begun to support other Salvation Army expressions to embed trauma-informed principles and a harm reduction approach. This includes corps (churches), children's and youth work, older people's services, anti-trafficking and modern slavery, and employment support. The overall goal of support is to empower individuals, inspire independence, and support them to live lives richer in positive experiences .

Data Summary: The current programmes are located in Glasgow, South Lanarkshire, Cardiff, and Merthyr Tydfil, with varying capacities. The Wales Outcomes Framework shows high percentages of engagement, reduced substance use, improved health, and emotional well-being among participants. Specifically, 83% have engaged with harm reduction support in relation to substance use, 93% have reduced their engagement with criminal and anti-social activity, 100% feel physically healthier and able since receiving support, and 100% feel safer, mentally well, and that their emotions are more manageable.

Conclusion: The Salvation Army's Housing First programmes have demonstrated significant success in supporting individuals to achieve stability and independence. By prioritising immediate access to permanent housing and providing intensive, person-centred support, Housing First has helped participants reduce substance use, improve their health, and enhance their overall well-being. The Housing First approach, grounded in harm reduction principles, empowers individuals to make safer choices and develop their confidence and autonomy. As The Salvation Army continues to expand its Housing First initiatives, the focus remains on providing a stable foundation for individuals to rebuild their lives and achieve long-term positive outcomes.

3.5 A Trauma-Informed, Systemic Approach to Supporting Families in The Salvation Army's Homelessness Service Jemma Soro; Lee Ball, The Salvation Army UKIT's Homelessness Services Department; Addiction Department and Children and Youth Department.

Introduction:
The Salvation Army recognises the importance of addressing the complex needs of families experiencing homelessness. The Family Model, developed by Dr Adrian Falkov, offers a systemic framework to support families by addressing mental health, addiction, and overall wellbeing. This abstract outlines the theoretical foundations and application of the Family Model within The Salvation Army's Homelessness Services in collaboration with the Addictions Department and the Children and Youth Department.

Methods:
The Family Model is implemented through staff training in systemic family practice, trauma-informed care, and attachment theory. The programme includes psychosocial support, parenting skills development, and resilience-building activities. It draws on evidence-based frameworks that emphasise early intervention, relational safety, and whole-family engagement.

Evidence Base:
Research supports the effectiveness of family-based interventions in improving outcomes for both children and caregivers. Early intervention has been shown to positively influence emotional and behavioural development (Sheppard et al., 2009), while systemic approaches enhance family cohesion and resilience (Kumpfer et al., 2010). Trauma-informed, attachment-focused models reduce behavioural difficulties and improve emotional regulation in children (Hatzis et al., 2017), while also strengthening parenting efficacy and reducing shame and isolation (Templeton, 2014).

Mindset Initiative:
To further support children within families, the Mindset initiative provides resilience training and bespoke toolkits for ages 7–11 and 12–16. These trauma-sensitive resources prioritise emotional safety, grounding

techniques, and phased learning to support self-regulation and recovery. They aim to strengthen protective factors such as caregiver-child attachment, emotional literacy, and parenting confidence.

Next Steps – Parenting Programme:
Building on the Family Model and Mindset initiative, the next phase involves embedding a structured Parenting Programme. This trauma-informed, psychosocial intervention focuses on strengthening family relationships, promoting positive parenting, and reducing the impact of adversity, tri-morbidity, and homelessness. It is designed to nurture secure attachments, build resilience, and create environments conducive to healing and growth. Additionally, the Mindset 16–25 initiative will extend support to older youth, providing tailored strategies for trauma recovery and resilience building during the critical transition to adulthood.

Conclusion:
The integration of the Family Model, Mindset initiative, and Parenting Programme represents The Salvation Army's comprehensive, trauma-informed approach to supporting families. By embedding systemic, evidence-based practices into frontline delivery, the organisation aims to foster resilience, improve relational health, and disrupt intergenerational cycles of adversity.

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3.6 Implementation and Evaluation of the Salvation Army, Australia Territory, National Alcohol and Drug Model of Care Katherine Wright, Manager of Alcohol and Drug Services, Salvation Army, Australia Territory. Professor Peter Miller, Deakin University

In 2019 TSA introduced an updated Model of Care (MOC) to ensure national consistent, evident-based approach to AOD treatment. The MOV integrated harm reduction, person-centred care, trauma-informed principles, and holistic treatment to better support participants in their recovery journey. This implementation reflects a significant effort to drive improvement in TSA's AOD treatment provision and participant outcomes.

3.7 Evaluating the Introduction of a Harm Reduction [Alcohol and other Drugs] Approach to Homelessness Services Lee Ball, Director of Addictions, The Salvation Army United Kingdom and Ireland, Major (Dr) Will Pearson, The Salvation Army United Kingdom and Ireland

Introduction: The Salvation Army, a leading provider of homelessness services in the UK, has traditionally emphasised abstinence due to its Methodist roots. However, in response to the complex challenges posed by drug and alcohol use among people experiencing homelessness, the organisation has adopted a harm reduction approach. This poster presents an evaluation of harm reduction interventions introduced in Salvation Army Lifehouses (hostels) between April 2019 and April 2024.

Methods: A subgroup of the Salvation Army's Sudden Death Review Group (SDRG) conducted a detailed analysis of mortality data across its services. The evaluation focused on the implementation and outcomes of harm reduction measures, including psychosocial group support, needle and syringe provision, blood-borne virus testing, take-home naloxone, urine drug screening, and naloxone drills.

Results: The introduction of harm reduction strategies resulted in a 51% reduction in overdose deaths and a 23% reduction in all-cause mortality among residents. Take-home naloxone availability rose from 19% to 89%, significantly enhancing overdose response capacity. Despite these improvements, physical illness remained the leading cause of death, and regional disparities in outcomes were observed. Notably, Housing First programmes recorded the highest mortality rates.

Discussion: Three key factors contributed to the success of the harm reduction approach:

1. **Strategic Partnerships:** Collaborations with organisations such as Change Grow Live, With You, Humankind, Abbott Toxicology, Collective Voice, and the Scottish Drugs Forum strengthened service delivery.
2. **Cultural Change:** A shift towards a harm reduction ethos was supported by targeted investment, trauma-informed care, and sustained engagement with staff.
3. **Education and Training:** The provision of proactive and reactive trauma-informed training helped embed harm reduction principles across services.

Conclusion: The adoption of harm reduction interventions within Salvation Army *Lifehouses* has led to significant reductions in drug-related and overall mortality. The findings underscore the importance of partnership working, cultural transformation, and staff development in embedding harm reduction. These principles are now being extended across the organisation's wider services as part of its 2025–2030 strategy, including work with children and young people, older adults, anti-trafficking initiatives, and employment support.

3.8 The Salvation Army's Practices of Housing First in Europe Professor Emma Tomalin Amy Quinn-Graham, Major Helen Froud, University of Leeds, The Salvation Army UKIT Homelessness Services Department and The Salvation Army UKIT Research and Development Department

Abstract
The Salvation Army (TSA) delivers various forms of homelessness provision across Europe, including Housing First (HF). The HF model, developed by Sam Tsemberis in the 1990s, emphasises providing immediate, unconditional housing to individuals with high support needs, including those facing severe mental health challenges, addiction, or long-term homelessness. Unlike traditional 'staircase' models, HF does not require individuals to meet preconditions, such as sobriety or employment, before being housed. Instead, it treats housing as a fundamental right and a foundation for improving other aspects of life.

Based on 15 online interviews with key participants across 11 European countries – both those with HF programmes and those with other homelessness programmes that utilise HF principles – Phase One of this research finds that:

- TSA's HF programmes are tailored to different European countries' diverse social and political environments, highlighting TSA's flexibility in adapting HF principles to meet local needs and navigate distinct welfare systems.
- TSA's HF programmes have delivered promising results across the countries studied, with interviewees describing how participants experience significantly improved mental health, reductions in substance use, and greater stability in their lives.
- As a faith-based organisation, TSA's Christian ethos shapes its approach to HF, with TSA staff reporting that they are motivated by values of dignity, compassion, and inclusiveness, inspiring them to go beyond professional expectations to provide holistic care.

Consequently, TSA's approach to HF integrates – with high fidelity – the principles of HF with its Christian ethos, prioritising dignity, compassion, and inclusiveness while adapting to each country's specific

cultural, legal, and economic contexts. TSA's dual identity as both church and service provider offers unique opportunities for integrated support. Nevertheless, TSA's delivery of HF is complicated by a number of structural barriers related to a lack of consistent funding, availability of housing stock, and misconceptions about HF from both inside and outside the organisation.

A Report for The European Network of Social Services TSA practice of Housing First in Europe Professor Emma Tomalin Amy Quinn-Graham Major Helen Froud PHASE 1: v1 December 2024.

3.9 Hadleigh Farm, Education Training and Environmental Management - Essex, UK Ciaran Egan, Sarah Withington

The site of Hadleigh Farm was formally acquired by The Salvation Army on 2 May 1891. The establishment of the Land and Industrial Colony was part of The Salvation Army's Darkest England Scheme to raise 'the submerged tenth' of society.

By 1914 over 3,000 acres of the site were under cultivation. At this time the Colony operated a Farm, Dairy, Brickfields, Stores, Works and Market Garden. The outbreak of the First world war had a devastating effect on the colony with the wide scale call to arms reducing supervisory staff and those who might participate in the programme which resulted in the sale of parts of the original site the result of these transactions is pretty much the land holding today. When the war ended in 1945 the number of colonists had dwindled and by the 1950's the future of the colony was uncertain. In 1956 the brickfields closed which brought about a change of focus and ushered in the start of farming on the site.

Through government grants in the early 1970's Hadleigh moved into an intense farming operation that included the draining of the marshland. The social element of Booth's original plan was now gone although some buildings remained, there was much dialogue over the next decade as to what to do with the buildings, which ultimately saw Hadleigh Training Centre open in 1990.

Farming had moved to an arable focus with a small herd of cattle which was added to in 2004 with the opening of the Rare Breeds Centre. The Rare Breeds Centre has been through some significant recent change so that it is able to deliver a sustainable offer for the future. This has seen a focus on the development of conservation grazing which is an amazing example of creation care as land that previously required significant input to manage can now be managed via grazing.

Hadleigh Farm Estate joined forces in 2024 with the environmental regulator Natural England for an ambitious rewilding scheme. We have introduced plant species native to wet grassland to encourage protected invertebrates including the great crested newt and slow worms to make Hadleigh their home as well as attracting birds such as sparrows, skylarks, linnets, yellowhammers, grey partridges, wintering waders and wildfowl. The environmental benefits brought about by this scheme are significant and will provide a great example of The Salvation Army actively living out care for creation.

3.10 Cut Adrift: Why Two Million Who Want to Work Are Left Without Support and What We Should Do About It? Josh Adcock, Public Affairs Unit, The Salvation Army United Kingdom and Ireland

Background
Last year the UK labour market and DWP administrative data was reframed by the TSA Parliamentary Affairs Unit (PAU) highlighting the 3.2 million people out of work who wanted to work – the 'real unemployed'. This figure included both those who were unemployed and those who were economically inactive but wanted a job. Around half of this group were receiving 'intensive support' through the benefits system. We suggested that many economically inactive people who want to work are held back by barriers such as caring responsibilities, health conditions and disabilities – some of which have gender dynamics.

We argued that a new approach is needed to (a) improve the way mainstream employability support is delivered, (b) improve employability sector funding, and (c) improve the relationship between mainstream support and the employability sector – to support all those who want to work, not just those closest to the labour market.

[Access the 2024 Real Unemployment here]

Since then, we have added a new data point to our time series and find that real unemployment has increased by 332,000 to 3.6 million. Of this increase, 71.4% is accounted for by a rise in the number of economically inactive people who want a job (+237,000), with unemployment also rising (+95,000). At the same time, vacancies have fallen (-123,000) to 784,000 as the labour market cools and loosens. There are now 2 unemployed people per vacancy, 2.2 claimant unemployed, 2.5 economically inactive who want a job, and 4.5 real unemployed per vacancy. Of the 3.6 million *real* unemployed, just over half (1.82 million) are receiving 'intensive' employability support through the benefits system.

These latest figures further emphasise our argument that Government must work more closely in partnership with the employability sector – who are trusted and in touch with those Government may struggle to reach. We do not propose that exposing more people to conditionality is the answer. Rather, lessons can be learned from our Employment Plus service, which takes a human capital approach rather than a work-first model.
Recent changes to health and disability benefits make this even more urgent. These latest data add weight to The Salvation Army's argument that support must not only be inclusive but must also be matched with meaningful job creation.

3.11 Employment Plus-Data Analysis Mohd Sarim, PhD Scholar, Urban Big Data Centre, School of Social and Political Sciences, University of Glasgow

The Salvation Army is a major provider of employability services in the third sector and delivers employability support to disadvantaged and vulnerable populations through its Employment Plus programme. This research is part of a PhD studentship in collaboration with The Salvation Army which aims to enhance the capability of third sector organisations to make data-driven decisions for improving their employability support. The de-identified administrative data from Employment Plus provides an opportunity to determine how different demographic groups, such as the disabled, ethnic minorities, youth, and older people, are being supported by the programme. This research presents a visual analysis of how the Employment Plus programme has successfully engaged these different groups and supported them into employment. Using the Employment Plus data, we map participation rates and employment outcomes for each group in order to demonstrate how the programme is making an impact and addressing the different barriers to employment for various groups. Furthermore, we visualise participation and employment transitions by the type of funding and region. Finally, we use location data to map where the participants come from and combine it with data on neighbourhood deprivation to determine how Employment Plus programme is operating in deprived neighbourhoods.

3.12 Raising awareness on the relationship between mental health and diet quality in adults using Food banks – Preliminary findings from the FEED YOUR BRAIN project Efstathia Papada[a]*, Anastasia Z. Kalea[a] , Nathan A. Davies[a], Hannah Style[b], Caroline Monkhouse Flower[b], Sandra Jacome[b] [a] Division of Medicine, University College London, London, UK; [b] FEAST With Us, London, UK

Introduction: Food insecurity indicating poor nutritional quality has increased in the UK as reflected by the increase of Food Banks users and higher rates of mental health conditions in this population. Although poor mental health has its roots in a combination of factors including social and financial status, poor diet quality is a key contributor.

Aims and Methods: The aim of the FEED YOUR BRAIN project was to increase awareness of the relationship between diet and mental health in adults using food banks. We engaged with the charity *FEAST with Us* and food bank users to collect information on the food parcels and services delivered, barriers around food provision, available support and needs. Feedback was collected from food bank users, staff members and student volunteers in order to design and optimise helpful activities on this theme

Results: Through preliminary discussions we identified a variety of barriers relevant to food provision. Gratitude, shame, privacy and hesitation to join group activities were themes that affected the design of our activities. An information pamphlet was distributed to three London Food Banks for service users to

access information on their own time on how food is linked to mental health, including recipes and practical tips to improve diet quality. Tasting sessions were delivered in two London Food banks and feedback was collected from service users and staff members, who were thankful for the resources provided, found the activities very useful and recommended similar initiatives in the future.

Conclusions: Public engagement initiatives in the community with a focus on vulnerable populations can have a positive impact on increasing the knowledge around mental health and diet quality. Observations from this pilot project informed our future activities, such as the creation of an online database of recipes beneficial for mental health with ingredients found in food parcels.

3.13 Strawberry Field - Gates Open for Good Alan Triggs, Lynne Furlong, Major Kathleen Versfield, Strawberry Field, Liverpool, The Salvation Army

Aims
To demonstrate the impact of how wraparound support and meaningful work experience can translate into paid employment for young people who have a learning difficulty, are neurodivergent or who have a barrier to employment.

Introduction
The Salvation Army's Strawberry Field in south Liverpool previously housed a children's home and now houses a visitor attraction and training centre for young adults with barriers to employment. The programme gives them an opportunity to gain skills and real-life work experience to increase confidence, guiding them towards meaningful careers and making a lasting impact on their lives and the wider community.

Methodology
A 12-month programme structured as follows:

8 Week Work Readiness Programme: The Work Readiness course provides the opportunity for trainees to develop life and independence skills such as communication, team working, planning and organisation and relationship skills. Trainees also build their social connections and reduce their isolation.

Once the eight-week Work Readiness course is complete, trainees undertake up to **three 3-month Work Placements:** Their first work placement which will based at Strawberry Field - in our cafe, shop, garden or part of our cleaning and security teams. Subsequent placements are provided by our network or employers throughout the Liverpool City Region who are keen to offer these supported opportunities.

Results:
We have supported 224 trainees through our Steps to Work programme since 2018. More than half of our trainee's secure paid employment or a meaningful volunteer role – this is far higher than employment figures quoted by BASE and the National Autistic Society. In addition to employability, we also capture softer and interpersonal skills from our trainees as milestones. These include social inclusion teamwork, building resilience, confidence, breaking through barriers and trying things for the first time. This ensures a well-rounded capable of sustaining paid employment.

Conclusions: Steps to Work was created for those individuals who have been marginalised by society and for whom there is little support for them realising their goals of paid employment. Research shows that work is good for us in terms of our sense of belonging, wellbeing, and independence. The holistic approach offered by the programme and the pastoral and social activities provided by the wider Strawberry Field centre enhance the offer by developing friendship networks, the offer of spiritual support and providing hope and a future for our trainees and their families.

3.14 Tech-enabled care in Sutton Fern Barber, Head of Policy, Insights and Communities

3.15 Towards Global Health Equity: The Health Creation Index as a Tool for Measuring and Enabling Health Creation Steve Rose MSc, Dr Zoë A Marshall, Dr Marc Harris, Dr William Bird. Corresponding author: Steve Rose (steve.rose@intelligenthealth.co.uk)

Background
Understanding and measuring the conditions that generate health is an increasing priority in global health research. This study introduces the *Health Creation Index (HCI),* a novel, holistic measure of modifiable factors contributing to long-term wellbeing. Grounded in physiological and psychological theory, it assesses protective factors against chronic stress and inflammation.
The HCI complements the interdisciplinary framework on the social determinants of health (Bonner 2018)—emphasising cumulative disadvantage, ecological context, and community empowerment. Developed by Intelligent Health, the HCI captures multidimensional, non-clinical contributors to health across individual, social, and environmental domains. It reflects upstream protective factors aligned with the WHO definition of health as "a state of complete physical, mental and social wellbeing."

Method
This study uses the HCI to assess how a community-based intervention can be evaluated

Beat the Street (BTS)—can both measure and influence health-creating conditions.
BTS is a large-scale gamified initiative that promotes physical activity and social connection through walking, offering a unique opportunity to track changes in HCI scores across diverse populations.
A pre-post survey design was employed, incorporating participant characteristics, physical activity levels (via Sport England's Active Lives Survey), and HCI scores. Student's t-tests were used to assess differences across sociodemographic groups
and activity statuses. A baseline sample of **22,350 participants** was analysed (73% female; 16% from IMD 1–2; 6% aged 60+; 19% with long-term conditions; 4% with disabilities; 24% from ethnically diverse communities).

Of these, **5,885 matched pairs** were tracked longitudinally. BTS successfully engaged populations at greater risk of inactivity and health inequality. At baseline, 54% of adults were classified as active, with post-intervention data showing a 13% increase in this proportion and a 13% shift from inactive to active status.

The overall average HCI score was **3.74 ± 0.56**. Participants with disabilities recorded the lowest mean score (3.49 ± 0.66), while females scored highest (3.75 ± 0.56). Those already active at baseline had significantly higher HCI scores than inactive participants (**3.79 ± 0.55 vs. 3.64 ± 0.58; $p < 0.01$**). The most notable increase in HCI was seen in participants who transitioned from inactive to active, showing a **2.5% gain**, versus the **average increase of 1.5%**. The smallest improvements were observed in participants with disabilities (**1.1%**).

Conclusion
The HCI is a sensitive tool for detecting changes in the conditions that create health. BTS illustrates the potential of community-based interventions to influence and modify these determinants.
The HCI's ability to identify populations with lower baseline scores and track their improvement highlights its value for targeting upstream public health efforts.
In a global health context, the HCI provides a replicable, theory-informed metric aligned with Bonner's call for systems-based, participatory approaches to health equity.
It offers practical guidance for shaping policies and environments where health creation becomes a shared, measurable goal.

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3.16 Sutton Community Dance: Individual and Community Regeneration Adam Bonner, Director SCD, Sutton

INTRODUCTION

Sutton Community Dance (SCD), based in the London Borough of Sutton, is an example of reimagining the high street and prioritising shared places as an important context for building intergenerational bridges, through positive and inclusive activity. Launched in August 2019 with the vision of creating a hub for social change through the vehicle of dance, SCD transformed a large derelict 2 storey former Mothercare shop into an inclusive 3 large studio dance space. The founding aims of SCD were to remove the barriers to dancing for people of all backgrounds, ages and abilities, so their wellbeing could increase, in terms of physical, social and mental health. Beyond the individual level, the aspiration was to increase community connections through deepening social bonds of friendship and, by doing so, right in Sutton town's centre, a further goal was to play a role in regenerating the high street in terms of its social, cultural and economic health.

5 years later, SCD has over 800 people dancing every week, in over 80 classes, burning around 400 calories per class, increasing their physical health, making deep friendships and spending more time than ever before within the community context of the high street, boosting the shopping centre footfall by over 1800 people per week.

WHAT WE MEAN BY #DANCINGFORGOOD
Sutton community dance is a not-for-profit independent local organisation. Everything facilitated by SCD and created is invested directly back into our community. We partner with any agency committee and created to social change, to get Sutton dancing - boosting our wellbeing and bringing even more life and soul to the town centre we love.

We work hard to break down barriers to dance, intentionally basing our hub in the high street, so everyone can enjoy taking part, getting healthier and meeting other great people. Together we creatively increase our health, joy and wellbeing.

Philosophy - #DANCINGFORGOOD, together not "bowling alone"
SCD deliberately set out to be a dance hub for all ages, from 18 months to senior citizens of all ages including children, young people and adults with additional needs, both physical and intellectual. Informed and inspired by the work of Putnam (2000), SCD was launched with the aim of making a difference within its community through the focus on developing bridging social capital, defined by Putnam as "features of social organisation such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit." We truly believe life can be more enjoyable, healthier and more sustainable when we invest in #DANCINGFORGOOD.

- Dancing significantly reduces the risk of dementia Older adults who dance 3-4 times per week had a 76% lower risk of dementia. In fact, dance was the only physical activity that made a difference in the study. (Verghese et al, 2003
- Dancing grows your brain In a study by the German centre for neurodegenerative diseases, older adults who participated in dance classes showed greater hippocampus growth compared to those doing traditional fitness activities (Rehfeld et al, 2017)

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3.17 Boxing and fitness programme for vulnerable people in York – *Knives down, gloves up!!* Andrew Cox, Charlie Marlarkey, Major Andrew Vertigan

Overview
The New Earswick boxing and fitness programme in York, delivered by The Salvation Army, aims to supports a range of individuals, including the most vulnerable in our local communities, to assist them in improving their physical and mental health, and support them to manage issues including problematic drug/alcohol using behaviours and accommodation needs. The service is based on providing boxing themed fitness sessions at a purpose-built gym in New Earswick, York through which participants can enhance their fitness levels and obtain assistance to help address lifestyle issues by receiving information, advice and signposting onto other agencies.

Service aims
The overarching aim of the service is to enable people from all backgrounds across York to engage in a fitness programme through which they can enhance their overall health and wellbeing and integrate with different groups of people. The programme aims to promote an alternative to living an unhealthy life by encouraging participants to think differently about forging new, positive behaviours.
Whilst there are opportunities for people to access gyms in York, virtually all these facilities come at a financial cost, which is prohibitive for many people, especially the most vulnerable individuals. The

service is free and accessible to anyone of any age and aims to offer a warm, welcoming, psychologically informed setting in which individuals can improve their fitness and emotional wellbeing. Operating in this way helps people to feel valued, whilst undertaking initiatives, such as giving people clothing so that they can participate in sessions, promotes greater service user confidence and self-esteem.

Benefits
Since it's commencement in late 2023, the service has attracted around 40 women who attend sessions on a twice weekly basis, along with a further 50 males who also attend at least twice weekly. Of this total number of participants just over 90% have continued to regularly frequent the fitness classes. Given that a large proportion of these people have a range of health and wellbeing needs and can experience lifestyle challenges, offering a different choice to existing patterns of behaviour will help promote the following benefits for participants, and the wider community. In addition, it is beneficial for many service users, who might tend to live a somewhat chaotic, unstable lifestyle, to commit to attending regular, scheduled sessions to develop some structure to their daily routine.

Resources
Sessions are free to clients, delivered from an established gym, and are led by long-time Salvation Army York employee Charlie Malarkey who possesses a unique ability to develop sustained, trusting relationships with participants, many of whom are vulnerable in nature having experienced trauma or other challenges during their lifetime. Charlie is building on the networks and relationships that have been developed in York over the past 17 years to work in partnership with many local stakeholders to support the most vulnerable individuals.

3.18 Mindset: Building Resilience in kids and Teens. Tracy Wood**,** Lee Ball & Phil Ball, Children and Youth Department, The Salvation Army

Introduction
The growing recognition of trauma's impact on child development has led to the widespread adoption of trauma-informed care (TIC) and resilience-based interventions across education, health, and social care sectors. The Mindset initiative reflects this shift, offering Resilience training (entry and enhanced levels) and bespoke Toolkits for children aged 7–11 and 12–16 that provide structured, trauma-sensitive strategies. These toolkits prioritise emotional safety, grounding techniques, and phased learning to support children's self-regulation and recovery. Central to this approach is the understanding that trauma can become an organising principle in a child's life, and that healing requires environments that foster safety, empowerment, and relational connection.

Understanding Trauma and Resilience
Trauma-informed interventions aim to strengthen protective factors such as caregiver-child attachment, parenting efficacy, and emotional literacy. These approaches recognise the interdependence of biological, psychological, and social domains in shaping outcomes, and advocate for early, relationally attuned responses to adversity. Key mechanisms of change include the development of therapeutic relationships, increased social support, and the reduction of shame and stigma.

Evidence and Effectiveness of Trauma Informed Approaches
Evidence from UK-based practice and research supports the effectiveness of trauma-informed approaches in improving outcomes for children and families.[iv] These interventions have been shown to enhance emotional wellbeing, reduce behavioural difficulties, and improve engagement with services.[v] Successful implementation often involves whole-system change, including staff training, leadership support, and the integration of lived experience into service design.

Together, the Mindset initiative and broader trauma-informed frameworks illustrate a coherent, evidence-informed response to childhood adversity. They underscore the importance of shifting from deficit-based models to strengths-based, systemic approaches that prioritise safety, connection, and empowerment. By intervening early and embedding trauma-informed principles into everyday practice, we have the opportunity to disrupt predictable trajectories; preventing children affected by adversity today from

becoming the adults in crisis services tomorrow. These interventions not only support individual recovery but also contribute to cultural change in how services engage with vulnerable children and young people.

Conclusion
Trauma-informed, resilience-focused care offers a transformative framework for improving developmental, emotional, and relational outcomes. Its integration into practice is essential for breaking cycles of adversity and fostering long-term wellbeing across generations.

3.19 Starfish: Every Child Mentored is a Life Improved Phil Ball, Children and Young Peoples Department, The Salvation Army United Kingdom and Ireland

Starfish, an initiative by The Salvation Army, provides mentoring support to young people aged 9 to 16 within educational settings. Current statistics indicate that five out of thirty children in a typical classroom are likely to experience mental health issues,[7] with approximately 140,000 children in England attending school less than they should.[8] As Desmond Tutu aptly stated, "There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they are falling in." Starfish embodies this philosophy by aiming to prevent young people from encountering difficulties and mitigating the escalation of such problems. Starfish targets young people who need a boost in emotional health and wellbeing, whose learning or motivation is affected by behavioural, social, or emotional issues, who are at risk of exclusion, or who face challenges due to the coronavirus pandemic. Starfish provides confidential support for personal issues.

Starfish employs the Outcomes Star© (by Triangle) to support the journey of change. As one mentee reflected, "Outcomes Star helped me to understand my weak points and prioritise them to help me grow mentally."
Since 2022 Starfish has trained 185 mentors, with eighty-one actively engaged in seventy-nine schools (Fifty-two primary and twenty-seven secondary). Additionally, sixty-seven mentors are prepared to commence.

An initial data capture reveals several key insights. More than three hundred young people have participated in over three thousand mentoring sessions. The data indicates a higher number of boys being mentored compared to girls, with most mentees aged between 11-15 years. At the beginning of their sessions, mentees identified self-esteem and feelings and emotions as the most challenging areas, particularly among boys. By the end of the sessions, 93% of mentees made progress in at least one area, and 66% in at least three areas. Specifically, 57% of mentees showed positive progress in self-esteem, and 65% in feelings & emotions.[9]

Young people flourish when they possess positive relationships across various domains of their lives, particularly within educational settings.[10] Such relationships enhance their resilience to adversities and facilitate their overall development. Empirical evidence suggests that positive connections significantly contribute to children's recovery from trauma and their ability to thrive.[11] The support provided by a Starfish mentor can aid educational institutions in addressing the mental health crisis, thereby demonstrating that every child mentored is a life improved.

3.20 Not Left Behind - Climate Change and Ageing Andrew Wileman, The Salvation Army United Kingdom and Ireland, Dr Maribeth Swanson, The Salvation Army USA; SA International Older Persons Network

The ageing population is triggering one of the most significant social changes across the world, with almost every country experiencing an increase in the number and proportion of older people.

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[7] Good Childhood Report 2022.
[8] Leeds Beckett University Blog.
[9] Data from Star Online,18 April 2025.
[10] Developmental Relationships, Search Institute.
[11] Bruce D. Perry and Maia Szalavitz*: The Boy Who was Raised by a Dog* (New York: Basic Books, first edition, 2007).

As we age, we are more likely to be increasingly physically, financially and emotionally at risk of the impacts of climate change, including increases in severe weather events, infectious diseases and air pollution, largely due to changes in mobility, physiology. and restricted access to resources. Research carried out by the World Health Organization projects that heat exposure as a result of climate change is likely to lead to an extra 38,000 deaths globally for older people in 2030.

This paper will explore the current context of ageing and climate injustice and the role of empowering older people in the transition towards just, low-carbon and resilient societies.
The impacts of displacement and deaths linked to a disaster or climate events can have rippling effects through communities. Casualty rates tend to be highest among older people in natural disasters. For example, more than half of fatalities associated with Hurricane Katrina in 2005 in the US were with those people 65 years or older, many without adequate emergency evacuation responses.

Low- and middle-income countries are already affected by extreme weather events. They are likely to be more vulnerable to climate instability due to their high level of dependence on natural resources and agriculture. Also, more older people in these countries will live in densely populated areas with high levels of poverty and a lack of social protection.

Too often, a lack of awareness on climate change and blatant ageism leave older people 'left behind' as passive bystanders and victims of climate change rather than actors or change-makers. Yet, older people have distinctive capacities and contributions to make.

There is a shrinking window of opportunity to stabilise the climate and take action to respond to the challenges of global ageing and climate change. Many older people are demanding climate action and are ready and able to take part. We can change the narrative and emphasise strengthening life-course climate resilience through local and national policies and many approaches developed by the Salvation Army and others.

Globally, older people living at the frontline of climate change are acutely aware of its impact. Older people bring unique and important contributions to climate action. They often support their families and communities financially and through informal care work, and contribute to decision-making and conflict resolution. Older people possess important knowledge of science, history, tradition and culture that can inspire and support climate actions by current and future generations. They also wield significant voting and economic power that can be mobilised for effective climate policy.

They are witnessing and speaking out about dramatic changes in climate patterns, which impact on their living conditions.

We call for an enabling of older people's participation in climate action as not only a human rights imperative, but also a means of ensuring effective solutions for all people and for the planet.

3.21 Social Determinants of Health and Wellbeing of Elderly (Emerging and Present) in Macao SAR, China. Ho, C.K.[1,2], Ip K.P.[3], Cheong I.M.[4], Chan H.F.[4] [1] Faculty of Health Sciences, University of Saint Joseph, Macao SAR, China, [2] Macao Observatory for Social Development, University of Saint Joseph, Macao SAR, China [3] Sheng Kung Hui Macau Social Services Coordination Office, [4] Sheng Kung Hui Research and Survey Centre Acknowledgments: Macao Foundation

Population aging, driven by declining birth rates and rising life expectancy, is a global challenge, with Macao exemplifying this trend. Since 1993, Macao has been an aging society, with the elderly population (65+) reaching 89,482 (13.3%) in 2022, projected to rise to 164,400 by 2041, indicating a super-aged society (Statistics and Census Service, 2022). Guided by China's Law on the Protection of the Rights and Interests of the Elderly (National People's Congress, 2012), the 14th Five-Year Plan (National Development and Reform Commission [NDRC], 2021), and the Healthy China 2030 Plan. This study examines social determinants of elderly health and wellbeing in Macao using the World Health Organization's (WHO) Global Age-Friendly Cities framework (WHO, 2007). A mixed-methods approach analyzed cross-sectional data from Macao's Age-Friendly City surveys (2020–2023, N=391–433, 76–90%

female, M age=66.2–76.8 years) using SPSS 23.0 (crosstab, chi-square, ANOVA). Results indicate high healthcare satisfaction (90.8%), yet 70% of respondents have chronic diseases, over 50% report mobility issues, and 30.9% face malnutrition risks, linked to physical, psychological, and social factors. Psychological distress peaked at 15.7% in 2022, reflecting pandemic impacts. Financially, 68.8% lack savings on future healthcare expenditure, and 47.1% cannot afford perceived future medical costs, and 40.7% lack emergency funds, highlighting financial vulnerabilities. Smartphone adoption rose from 50% (2020) to 91.2% (2023), primarily for communication (88.9%) and information access (57.1%), with WeChat usage (64.9% frequent) correlating with life satisfaction and psychological resilience. Social participation is strong, with 60.4% volunteering and 50.4% participating in community organizations, though employment remains low (2.8%). Pre-retirees (50–59) prioritize health and financial planning but show lower economic readiness. Comparatively, in Southern Europe, economic hardship, education, and geographic location are linked to lower quality of life and higher depression (Llorens-Ortega et al., 2023, 2024). In China, rural-urban divides, pension insurance, and social support correlate with poorer health outcomes and lower life satisfaction in rural areas (Hsieh & Matsukura, 2024; Xia et al., 2024). In Singapore, higher socioeconomic status and education are associated with better self-rated health (Tan et al., 2022). These findings highlight progress in Macao's healthcare and digital inclusion but underscore gaps in mental health, nutrition, and financial preparedness. Recommendations include enhancing community-based care, digital literacy programs, financial planning initiatives, mental health and nutrition integration, and fostering social participation to align with national goals for a sustainable, inclusive elderly care system, ensuring dignity, health, and wellbeing for China's aging population.

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3.22 The Mosaic Method: A Connection-Focused Approach for People Living With Dementia Paula Hain, Director of Mosaic Wellbeing, Cambridge, UK

Mosaic Wellbeing, founded in South Wales 25 years ago and now based in Cambridgeshire, is a values-led organisation centred on care, community, creativity and connection. The central ethos, "celebrate diversity; nurture community," guides a range of wellbeing services for individuals, communities and workplaces.

A key example of Mosaic's outreach work is Mosaic Memories, a music-and-movement programme now in its eleventh year. Designed by founder Paula specifically for people living with dementia (PLWD), hundreds of dance sessions have been delivered in care homes across Cambridgeshire. In each session dance is used as a language beyond words - creating moments of recognition, comfort, dignity and joy for participants and for their carers and families.

In 2021, drawing on strong outcomes and excellent feedback, Paula developed the **Mosaic Method**, presented that year at the Alzheimer Europe Conference. Shaped during Paula's reflections during the 2020 care home lockdowns, the five-step approach ensures each individual is recognised and celebrated whilst simultaneously fostering a sense of togetherness. Feedback indicates this approach supports physical, social and emotional wellbeing, boosting feelings of connection and reducing isolation.

This is achieved by always focusing on what we CAN do, recognising small progressions and reactions as highly valuable, meeting people (and ourselves) where they/we are, cultivating a warm atmosphere and offering genuine appreciation and gratitude for the moments created.

The method has since been applied successfully with all ages, from toddlers to older adults. Mosaic Wellbeing now aims to expand its reach by offering training and support for carers and support teams.

Feedback reflecting the impact:

"You create those rare moments when a whole community comes together with real joy."

"Paula interacts with us on such a personal basis and makes residents feel listened to and remembered."

3.23 The Family Tracing Service. Karen Wallace, Family Tracing Service, The Salvation Army United Kingdom and Ireland

Overview
Since 1885, The Salvation Army's Family Tracing Service has been dedicated to reuniting families separated by time, circumstance, or crisis.

Rooted in the organisation's early mission to offer practical and compassionate support, it continues to provide a vital service that restores relationships and promotes emotional wellbeing.
Celebrating its 140th anniversary in 2025 it holds the place of the longest running charitable people-finding service in the world.

Reconciliation is at the heart of the Christian message and the Family Tracing Service aligns to the Salvation Army Mission Priorities to Seek Justice & Reconciliation and to Serve Others Without Discrimination.

How we Work Since there can be several motivations for wanting or needing to locate a family member, central to the acceptance of any tracing request must be the desire for reconciliation.

Today's caseworkers' tracing methods combine the use of historical records, digital tools, and outreach via a small network of partners, including the global network of Salvation Army Officers. Each introduction between family members can only occur with the full consent of the person found and adherence to this principle is the vital cornerstone of our work.

Demand and Impact
7,000 - In 2024/25 fielded over 7,000 enquiries across all channels. Many can be offered our help when they are ready for the emotional commitment of living through the duration of a tracing case.
936 - In 2024/25, formal applications totalling 936 were received from those living in the UK or from global citizens in territories without the relevant Salvation Army presence. Caseworkers navigate the communication and emotional complexities inherent in their interactions with people.
86% - In 2024/25 achieved a tracing success in 86% of cases undertaken, within which many applicants acquired a consented opportunity for reconciliation.
500 – In 2024/25 a minimum of 500 individuals in family units became reconnected

Conclusion

The less commonly cited “wicked issue” of Family Estrangement is a multi-faceted problem with no easy solution, an agitator against wellbeing. It has a ripple effect on relationships and future generations, resulting in loneliness, low self-esteem, aggression, depression, and homelessness.
The Family Tracing Service offers a clear opportunity for Estrangement to be addressed and whilst societal difficulties exist, holds the same relevance as it did 140 years ago.

3.24 Homelessness and Fuel Poverty. Professor Carolyn Snell, University of York

To date, with one exception there has been no research that draws together the fields of homelessness and fuel poverty. This conceptual, policy and empirical gap has become a chasm in the context of the cost of living crisis, where escalating energy costs have driven fuel poverty higher up the income scale than ever before (Office for National Statistics, 2023a), and, as we demonstrate in this paper, has had catastrophic impacts on those at the lowest end of the income scale, exacerbating homelessness, preventing routes out of it, and also fundamentally damaging the operational integrity of the organisations that traditionally support those experiencing it.

This paper addresses this interdisciplinary gap in knowledge, providing a much overdue exploration of the relationship between fuel poverty and homelessness, presenting empirical evidence about the inextricable relationship between energy, fuel poverty, and homelessness. We also argue that whilst this relationship became more apparent during the cost-of-living crisis, we contend that their origins go far further back. We conclude that more interdisciplinary work is needed within this space in order to maintain the visibility of the issue.

3.25 Financial Inclusion and Debt Advice Lorraine Cook, Debt Advice and Financial Inclusion Development Manager, The Salvation Army United Kingdom and Ireland.

Aims
Our aim is to address the multifaceted challenges associated with debt by providing a comprehensive range of services. We offer a not-for-profit debt advice service, personalised budgeting training, and ongoing support for those who are financially excluded. Our approach is holistic, addressing not only the financial but also the emotional and social aspects of financial distress.

Introduction
Our Financial Inclusion Services are dedicated to supporting individuals until they find a viable debt solution. We understand that the impact of being in debt extends far beyond financial strain; it can affect many areas of a person’s life. Debt can lead to feelings of loneliness, relationship breakdown, and homelessness, and can cause individuals to feel isolated and ashamed. Often, those in debt find themselves cut off from other aspects of society, exacerbating their sense of isolation. Moreover, the emotional toll of debt can manifest in anxiety, depression, and a persistent sense of hopelessness. These challenges often create significant barriers to seeking help, making it essential to offer compassionate and accessible support at every step of the journey.

We collaborate with other agencies and internal departments to ensure our clients receive the most comprehensive assistance possible. This network of support helps address various facets of their financial and personal well-being, providing a more robust safety net.

We are authorised and regulated by the Financial Conduct Authority (FCA), ensuring that all our operations meet stringent regulatory standards. Our dedicated staff and volunteers are thoroughly trained to meet these regulatory requirements, ensuring that they provide the highest quality of service to our clients.

By integrating these services and maintaining high standards, we strive to create a supportive environment that empowers individuals to regain control of their financial lives and build a more secure future.

The FCA expects us to monitor and evaluate our debt advice provision with the aim of:

- Assessing whether the services we provide are delivering expected outcomes in line with the Consumer Duty
- Identifying and gathering any evidence of poor outcomes, including whether any group of clients is receiving worse outcomes compared to another group, and an evaluation of the impact and the root cause
- Providing an overview of the actions taken to address any risks or issues
- Establishing how our organisational and service strategies are consistent with acting to deliver good outcomes under the Duty.

Methodology
We provide a holistic service that supports not only the client seeking advice but also their wider family. Our approach recognises that financial difficulties often impact the entire household, and we aim to address these broader challenges through comprehensive support. This includes personalised debt advice, budgeting training, and emotional and social support to help clients and their families navigate the complexities of financial distress. By working closely with other agencies and internal departments, we ensure that our clients receive a well-rounded and effective support network.

Over the past year, we have developed new and innovative ways of supporting clients, leading to an increased demand for our services. These advancements have enabled us to reach suitable debt solutions more quickly, alleviating the worry and fear that debt causes for clients. The remote service offered through our central team of staff and volunteers continues to be a vital component, supporting other departments within The Salvation Army and external agencies. This allows us to offer a holistic service to those seeking support.

Providing debt advice requires adherence to several regulatory processes, highlighting the importance of our department working very closely with staff within other Salvation Army departments and external agencies. This collaborative, holistic approach not only supports the individual seeking advice and their wider family but also mitigates the risk to The Salvation Army by ensuring that only authorised staff provide advice.

We understand that financial stability is an ongoing journey, not a one-time fix. As such, our service extends beyond immediate debt resolution. We offer regular follow-ups, check-ins, and access to peer support networks, ensuring the individuals have the encouragement and guidance they need to stay on track.

The ripple effects of financial distress impact not only individuals but entire communities. By helping people achieve sustainable financial independence, our service contributes to reducing stress and promoting well-being on a wider scale.

Results
The true impact of our work is best captured in the words of those we work alongside:

'I would just like to thank you for all your help and understanding of my circumstances. You definitely made it easy for me to open up and talk to you about it all and not feel stressed out… I would definitely recommend anyone that needs
help to come to you.'

'Thank you for everything you have done to help and for still being there if I need anything else.'

'You are a lifeline! I thoroughly appreciate you people and what you do.'

Conclusions
Our debt advice service is about more than just numbers and repayment plans. It is a holistic approach to financial empowerment, built on a belief that everyone deserves the chance to live free from the burden of debt. By addressing the immediate challenges and providing tools for long-term success, we are not just helping people to survive, we are helping them to thrive.

Our approach includes personalised consultations to understand individual circumstances, training to build financial literacy, and on-going support to ensure lasting change. We empower individuals to take control of their finances, guiding them through the debt process. Beyond debt advice and budgeting support, we offer emotional support, recognising the stress and anxiety that often accompany debt.

By fostering resilience, knowledge, and confidence, we aim to create a future where financial independence is attainable for everyone. Together, we believe in transforming the burden of debt into the freedom of possibility.

3.26 Transforming the Knowledge Empire of Finance towards Compassion Professor Atul K. Shah, City St Georges, London University

Financial Well-being is key to health and there is significant evidence how mental health is adversely affected by poverty and disempowerment. Modernity has made finance complex, difficult to access and an industry which thrives on illiteracy and exploits the weak and the marginal. Credit scores of individuals survive them forever and prevent them from having necessities like food, shelter and clothing. My research has exposed this knowledge empire as a sham, and totally insensitive to diverse cultures and beliefs about money. It has created a counter-culture of greed and materialism which is unsustainable. My work foregrounds morality, trust, relationships and social capital as key to transformative finance. I have developed an Organic Theory of 6Finance which shows how the science can be transformed to embrace plurality and reduce its epistemic violence.
Key words: epistemic violence; pluralism; finance; culture

3.26 NeuroVerse: Amplifying Neurodiverse Voices in Environmental Discourse
Dr Paty Paliokosta (Associate Professor in Inclusive Education, lead of the Inclusion and Social Justice SIG), Dr Elisa Back (Psychology), Dr Anke Jakob (Sensory Design), Dr Elizabeth Morrow (Social science), Dr Peter Garside (Human Geography, Prof. Sara Upstone (Contemporary Literature).
Inclusivity, Anti-oppression and Underserved communities bidding group under the umbrella of Knowledge exchange and Research Institutes (KERIs):

- Health, Education and Society
- Behaviour, Business and Policy KERI
- Design, Arts and Creative Practice KERI;

NeuroVerse is an exploratory collaborative endeavour that addresses an important gap in environmental discourse: the limited inclusion of neurodiverse voices in shaping natural, built, and digital environments. With an estimated 15-20% of the global population identifying as neurodivergent, there is a clear need to better understand how environmental research, design, and policy can become more inclusive and representative.
Our interdisciplinary team- including education, psychology, human geography, sensory design, social science, and literary scholars-has worked alongside neurodivergent individuals, advocates, and professionals to explore the barriers and opportunities for meaningful participation. The approach centres on co-creation and arts-based methods (including poetry, narrative, and embodied practices), which offer alternative ways of engaging with knowledge and experience.
Preliminary findings suggest the importance of inclusive design in relation to sensory environments, digital access, and decision-making in environmental planning. Challenges have been identified with exclusion in various settings, including education, work, and public space, and also pointed to the value of participatory and creative approaches in promoting wellbeing and voice.
Our Intention and Invitation
The vision of *NeuroVerse* will focus on developing an international, interdisciplinary platform dedicated to exploring the intersections between neurodiversity and environmental inclusion. Our aim is to co-develop a neuro-inclusive framework that can inform future adaptation strategies, policy considerations, and inclusive practices across a range of sectors.
To support this development, we are keen to connect with researchers and practitioners working in neurodivergence, inclusive design, environmental justice, participatory methods, or related fields. We welcome interest from academics, community organisations, policy professionals, designers, and advocacy groups, both within the UK and internationally.
This work is intended as a foundation for future projects and funding applications, including UKRI and Horizon Europe opportunities. Areas for future exploration may include inclusive therapeutic

environments, sensory placemaking, climate resilience, and community co-design. By integrating diverse perspectives and approaches, *NeuroVerse* aims to support more inclusive and contextually relevant environmental practices.
We invite conference participants to join the conversation, share insights, and explore opportunities to collaborate as we continue to shape this emerging area of enquiry.

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